BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1)						(Column 2)			NTITY	OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15				R	ATE	FEE	1	**RATE	* FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			15 minus 20=				х	\$ 9=		OR	X\$18=	1	
INDEPENDENT CLAIMS			(minus 3 =		•		×	40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							<u> </u>	35=		OR	+270=		
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	ــنــا	TAL		OR	TOTAL	7/2	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2						(Column 3)		. •	ENTITY	OR	OTHER SMALL I		
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE (*	
Ž	Total	· 20 Minus		20		=	X	9=		OR	X\$18=		
AME	Independent,	2 18 14 2 14 1					×	X40=	*	OR	X80=		
100. 100. 100.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								C. Propher	OR	+270=	96.5	
								TOTAL		∩B.	TOTAL ADDIT FEE	Augus San L	
(Column 1) (Column 2)						(Column 3)	אַטטוּ	1. FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X	9≟		OR	X\$18=		
	Independent		Minus	***		=	X	10=	Zwergar.	OR	;X80=∷.		
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		+1	35=		OR	+270=	·	
1	r		•					TOTAL		OR	TOTAL ADDIT. FEE	. 3	
		(Column 3)	٠.			-							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R/	NTE	ADDI- TIONAL FEE	11	RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=	X\$ 9= X40=		OR:	~X\$18≕	7		
	Independent	X 2 .	Minus	***		=			OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						+1	35=		OR	+270=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									. ! OB	TOTAL ADDIT. FEE		
		nber Previously Pa					r found in	the app	propriate box	in col	lumn 1.		